

Provider: _____ **Provider SS#** _____ **Phone:** _____

Child's Name: _____ Child's SS# _____ Allowed hours for month _____

Parent Co-Pay per hour: \$ _____ X Total Hours Served: _____ = \$ _____ (Collected by Respite Provider)

I certify under penalty of perjury that the above is true and accurate to the best of my knowledge.

Signed: _____ Date: _____
Parent's Signature

Note: If additional lines for Dates of Service are needed, please write "continued" in the Total Hours Served box and submit a second form. Total all hours from both forms on the second form.